

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

CG

Date Initial Filing
Received
15 MAR 27 PM 3:31
FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
YARC MARIELLEN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Cypress

Division, Board, Department, District, if applicable

Your Position

City Council/Successor Agency/Oversight Board

Council Member/Agency Member/Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Orange County Sanitation District

Position: Representative

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☒ County of Orange

☒ City of Cypress

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2014, through December 31, 2014.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2014.

☐ The period covered is January 1, 2014, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 03/03/2015

(month, day, year)

SCHEDULE D
Income – Gifts

Name

Mariellen Yarc

► NAME OF SOURCE (Not an Acronym)

Union Bank

ADDRESS (Business Address Acceptable)

4125 Ball Road, Cypress, CA 90630

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Financial Institution

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 22 / 14	\$ 225.00	Americana Award Dnr
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Forest Lawn Memorial Park

ADDRESS (Business Address Acceptable)

4471 Lincoln Avenue, Cypress, CA 90630

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Cemetery Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 14	\$ 75.00	Poinsettia Plant
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

Comments: _____